

Section II Initiating, Keeping, and Disposing of Health Records

5–25. Initiating health records

a. HREC for personnel entering on active duty. These HRECs are prepared by the officer who prepares DA Form 2 (Personnel Qualification Record-Part I (For Army Reserve Use Only)) and DA Form 2–1 (Personnel Qualification Record-Part II). ARNGUS and USAR members not entering on initial active duty for training (for example, direct appointment ARNGUS or USAR AMEDD officers) will have HRECs prepared by the custodian of their personnel file.

b. HREC for personnel reentering service. For personnel reentering service, HRECs will be prepared as described in *a*, above and *d* and *e*, below. Any past HREC will be acquired; the documents in the temporary HREC (para 5–27) will be put into the past one. Requests for past HRECs will be made by the military personnel officer of the first unit to which the person is assigned for training or other prolonged duty. Requests will not be made by reception station personnel. Requests for past HRECs should be sent to VA Records Center, P.O. Box 5020, St. Louis, MO 63115–8950. For ARNGUS, the HREC for a person reentering ARNG should be requested from the State Adjutant General of the State from which he or she was separated.

c. HREC for cadets of the U.S. Military Academy. HRECs will be initiated for cadets as described in *a*, above and *d* and *e*, below. These HRECs will continue in use when cadets enter active duty.

d. Custody of HRECs. The HREC prepared for a person entering military service will not be sent to a health or dental record custodian until the person arrives at a station where he or she will remain 15 days or longer. Before his or her arrival at the station, the custodians of the personnel file will retain custody of the HREC; however, they will send it immediately to a medical or dental officer who requests it or treats the person. (In the ARNGUS and USAR, a health record custodian is appointed.)

e. Forms prepared. The forms to be prepared when an HREC is initiated are listed in (1) through (6), below. No unit names will be entered on any of the forms until the person reports to his or her first training or duty station. Although some forms ask for the person's middle name, only the middle initial needs to be entered. Specialized occupational health forms may be contained in HRECs, but must be locally approved.

(1) DA Form 3444-series or DA Form 8005-series folders. For preparation of these folders, see paragraph 4–4. For HRECs, check the "Health" box under "Type of Record," for dental records, using only DA Form 3444-series folders, check the "Health (Dental)" box. Handwritten entries will be made in dark ink and boldly printed. (The member's current organization (for example, "Co A, 163 Inf") will be handwritten in pencil.)

(2) DD Form 2766. See paragraphs 4–4*d*, 5–13, and 5–19.

(3) SF 600. See paragraph 5–18.

(4) SF 603 and SF 603A. See paragraph 5–20.

(5) DD Form 2808 and DD Form 2807–1. The original copies of DD Form 2808 and DD Form 2807–1 will be put in the HREC.

(6) HEW Form CDC 73–2936S (Field Report). If an HEW Form CDC 73–2936S has been received with a person's records, it will be stapled to a blank letter-sized sheet of

paper and fastened in the HREC under the DD Form 2766. (See para 5–26b(2)(l).)

5–26. Transferring health records

a. Sending HRECs. Both parts (treatment and dental) of a military member's HREC are transferred (may be hand-carried) when his or her personnel file is transferred (AR 600–8–104). When a member is to be transferred to another unit or station, the military personnel officer of the losing unit will receive both parts of the HREC from their custodians. The HREC will be sent with the personnel file except when—

.(1) The losing and gaining units receive primary (outpatient type) care from the same MTFs and DTFs. In this case, the military personnel officer will inform the HREC custodians about the unit change. The person's unit designation will be changed on the folders of both the treatment and dental records.

.(2) An inpatient is assigned to a medical holding unit that already has the HREC. The MTF commander will inform the military personnel officer that the MTF has the HREC. When requesting the personnel file, the MTF commander will also request the dental record.

.(3) The HREC custodian sends the records directly to the gaining custodian. If the HREC custodian feels a person should not hand-carry his or her HREC, it will be sent directly to the commander of the person's next MTF. When this action is done, the servicing military personnel officer will be promptly informed that the HREC will be sent and not carried. If the custodian does not know the address of the person's next MTF or DTF, the HREC will be sent to the servicing military personnel officer, who will send it to the person's next HREC custodian.

b. Receiving HRECs.

.(1) Military personnel officers. When a person transfers into the unit, the military personnel officer must acquire both parts of the person's HREC and must send them promptly to the officer in charge of the activity giving primary medical and dental care to the unit. However, post surgeons may grant an exception to this procedure. The HRECs of personnel staying at an installation only a short time (12 weeks or less) may be kept by the military personnel officer

rather than the local HREC custodians. In this case, the two parts of the HREC will be kept as separate files in the military personnel offices (MILPO). Neither part will be sent to the local MEDDAC or DENTAC unless requested. Further, trainee units may maintain transient party trainee dental records. In the ARNGUS and the USAR, a health records custodian is appointed.

(2) AMEDD personnel.

.(a) The officer in charge must ensure that any health problems of a newly arrived person are treated, and thus that the person's HREC is reviewed when received. Review of HRECs may be made by the medical officer, a physician assistant (PA) (area of concentration 65D), or other qualified individuals. Review of Personnel Reliability Program records is discussed in paragraphs 5–30 and 5–31. Each MTF will set the qualifications that people who are not physicians must possess to review HRECs. Each MTF will ensure that there is a verified ABO/Rh blood type in the medical history. Each MTF will also audit reviews to ensure that HRECs are referred to medical officers when needed. The responsible medical officer will develop written guidelines for the review of

HREC by nonmedical officers. These guidelines will ensure that reviews check for pending actions, health-care problems, and record inadequacies. When writing guidelines, the medical officer must ensure that reviews include the actions listed in (b) through (i), below. He or she may modify or expand these actions to fit the local situation.

.(b) Consultation reports will be studied for incomplete or pending actions and profile recommendations.

.(c) X-ray reports will be studied for unresolved pathological findings.

.(d) Laboratory reports will be studied for unresolved abnormalities.

.(e) Drug reactions and idiosyncratic responses will be noted.

.(f) DD Form 2766, which includes known significant medical diagnoses and conditions, operative and invasive procedures, current medications, and adverse and allergic reactions to drugs, will be completed.

.(g) DD Form 2766 will be updated to include verified ABO/Rh blood type. (See para 5–32a.)

.(h) Significant deviations from normal weight, blood pressure, and hearing and visual acuity will be noted.

.(i) The HREC will be checked to ensure that any allergic reaction to medication was entered (para 5–19a) and that DA Label 162 was affixed (chap 14).

.(j) The medical officer will review all noted health problems to determine if treatment, examinations, or other medical attention is needed. All pertinent findings, the date of the HREC review, and the name of the reviewer will be recorded on SF 600.

.(k) If the person's record shows that he or she has been diagnosed as a substance abuser within the previous 360 days, the Alcohol and Drug Control Officer will be notified (AR 600–85).

.(l) If HEW Form CDC 73–2936S is present in the person's record (para 5–25e(6)), the medical officer will immediately have the person examined and start an SF 602, if needed (para 5–21b(10)). If necessary, comments on the examination and treatment given will be made on SF 600. When no longer useful in the case, the HEW Form CDC 73–2936S will be removed from the HREC and destroyed.

.c. HRECs not received. If an HREC is not received with a person's personnel file, and if there is no information that the HREC was sent separately, the military personnel officer will request information on the missing records from the person's last known unit and will also take the necessary action to find the records. If an officer's or warrant officer's HREC cannot be found, the military personnel officer will send a request for the missing HREC to Commander, PERSCOM, ATTN: TAPC–MSR, 200 Stovall Street, Alexandria, VA 22332–0002. If an enlisted member's HREC cannot be found, a request will be sent to Commander, U.S. Army Enlisted Records and Evaluation Center, ATTN: PCRE–RP, 8899 East 56th Street, Indianapolis, IN 46249–5301. A copy of this request will be kept in the person's personnel file until a reply has been received. If the person is transferred before the reply arrives, the copy of the request will be endorsed to his or her next unit. When the request reaches the person's next unit, it will be put in his or her "temporary" HREC. (A notation of a reply to the request will be made on SF 600 or SF 603, and the reply will be inserted in the HREC in accordance with figs 5–1 or 5–2.)

.d. Movements of units with MTFs or DENTACs. When a unit and its attached MTF or DENTAC move, the unit's HRECs will be kept and moved by the MTF or DENTAC

only if the MTF or DENTAC continues to give primary medical and dental service to the unit during and after the move. If another MTF or DENTAC will give primary service to the unit during or after the move, the HREC's will be sent to the record custodian of the MTF that provides care during the move. The unit commander is responsible for ensuring that medical records are safely routed to their final destination.

.e. Transferring x rays.

(1) An attending physician may feel that certain x rays should go with a patient on PCS. If so, this transfer will be noted on SF 600, and the x rays will be identified. The x rays will then be sent in a mailer in accordance with paragraph 4-5.

(2) Mammograms may be transferred to an MTF or given to a patient directly.

5-27. Establishing "temporary" and "new" health records

a. *"Temporary" medical record.* When receipt of a record is delayed, a temporary one will be prepared by medical personnel. A manila folder rather than DA Form 3444-series or DA Form 8005-series folder will be used. DD Form 2005 will be initiated and filed in the temporary record. The date that the temporary record was begun will be printed on the folder. Documents on the person's medical care will be added to the temporary medical record as they are used. When a delayed HREC is received, the forms in the temporary record will be filed in it.

b. *"Temporary" dental records.* Temporary dental records will be prepared by dental personnel as described in a, above. DA Form 5570 and SF 603A will be placed in the temporary record. A dental examination to complete section I of SF 603 will not be needed for a temporary dental record. This examination will be made only when the temporary record is replaced by a "new" dental record.

c. *New HREC.* If a delayed HREC is not received within 60 days after a temporary record is prepared, a new HREC will be prepared. This new HREC will also be prepared when information is received that a record has been destroyed.

(1) When a new HREC is prepared, DD Form 2766 will be added.

(2) New permanent dental records replacing lost records are prepared in accordance with guidance in TB MED 250. A new panoramic x ray will be taken for the new record.

(3) If a lost health or dental record is found after a new record has been prepared, the forms of the new record will be filed in the original record. The custodian will note on SF 600 or SF 603 that the original health or dental record was received.

d. *Personnel returned to military control.* When personnel who have been missing, missing in action, interned, or captured are returned to military control, their original HREC will be acquired and continued in use.

5-28. Filing health records

a. *HREC files.* HREC's will be filed at the MTF or DTF (includes Family Health Center clinics authorized to provide primary care to active duty units and members) that provides military medical and dental care or with the RC health records custodian. If the member is assigned to an isolated unit without a servicing MTF or AMEDD personnel, the HREC will be filed at the unit under the custodianship of the commander. (See para

1–4*b.*) The records may be filed alphabetically or in terminal digit sequence. (See chap 4.) A chargeout system will be used when the HREC is temporarily removed from the record room. (See para 4–6.)

b. Keeping HREC files current. The procedures described in (1) through (3), below, will be followed to keep HREC files current.

.(1) The MEDCEN, MEDDAC, or DENTAC commander and division surgeon will give the MILPO a list of MTFs and DTFs and the units that they serve.

.(2) The MILPO will give to the MTFs and DTFs personnel rosters of the units that they serve. At a minimum, these rosters will be provided quarterly.

.(3) HREC files for active duty personnel will be screened semiannually against current personnel rosters to ensure that the MTF file holds only the records of personnel served by that MTF. When an HREC or medical form is held by the wrong custodian, MTF records personnel will send the documents to the current custodian.

c. Handling identifiable HRECs and medical forms. A record or form is an identifiable form if it contains enough information to identify it as belonging to a specific person. To keep files current, identifiable HRECs and forms will be handled as follows:

.(1) When a member out-processes at an MTF or DTF, the MTF or DTF will give the serving MILPO his or her HREC. The member may hand carry the HREC to the gaining MTF or DTF, or it can be sent with the personnel file to the new custodian in accordance with paragraph 5–26*a*. When the HREC is sent to the MILPO, the MTF or DTF will record the new custodian so that any late-arriving medical records (laboratory slips, SF 600, and so on) can be sent to him or her. (The new custodian can be recorded in chargeout folders in the files, log books, and so forth.)

.(2) When the MTF or DTF cannot find the member's HREC, it will prepare a suspense card with the member's name, rank, SSN, the complete address of his or her new unit, the MEDDAC or DENTAC that serves his or her new unit, and the date that the card is put in suspense. The suspense card will be kept in a chargeout folder; the folder is kept in the file where the member's records should have been. The card will be kept until the record is found and sent to the new custodian or until the files have received two semiannual reviews, whichever comes first. The suspense card will then be destroyed.

d. Handling stray records and forms. Stray records and forms found during the semiannual files review will be handled as described in (1) through (3), below.

.(1) The records and forms will be screened against the MTF or DTF files, including the suspense cards. Those files that can be identified (that is, matched with a record or suspense card) will be sent to the proper custodian. The letter of transmittal will cite the member's assigned unit.

.(2) When the proper custodians cannot be determined, the MTF or DTF will, if possible, access its Defense Enrollment Eligibility Reporting System (DEERS) MDRTS to obtain the current record custodian. Otherwise, the MTF or DTF will make a list of the members to whom the records belong, giving each member's full name, SSN, and current unit of assignment if possible. (It is a requirement of the world-wide locator service that both the full name and SSN be included.) The list will be sent to the MILPO with a cover letter requesting that the names be checked. The local MILPO should determine the appropriate section within its organization to complete the required action on the list. (Some installations have In/Out Processing Sections where installations' rosters and

clearance files can be checked;

at other installations, these functions are handled in the consolidation of military personnel activities.) After the MILPO has searched its files, the list should be forwarded to the post locator or to the installation activity that maintains the worldwide locator file. The MILPO or post locator response will be kept by the MTF or DTF in a file (file number 40 (general medical services correspondence files)) for 1 year. (See table 3-1.) (See AR 25-400-2 for information on nonaction paper files.)

.(3) If the MILPO or post locator cannot find the address of the proper custodians, the MTF or DTF will follow the steps outlined in (a) through (f), below.

.(a) Rule 1. If the records or forms have a complete name and SSN on them and are Army records or forms (officers, warrant officers, and enlisted personnel) (based on a check of outprocessing and separation files, the local Standard Installation/Division Personnel System alpha roster, DEERS, and the worldwide locator microfiche) and if the MILPO provides a forwarding active duty address, send them to the forwarding address. If the member retired or was discharged or separated to an inactive USAR status, send them to VA Records Center, P.O. Box 5020, St. Louis, MO 63115-8950. If an address from orders or DD Form 214 (Certificate of Release or Discharge from Active Duty) assigns the members to a USAR troop program unit (TPU) or releases the USAR member from active duty for training or initial active duty for training, send them to the member's USAR unit. If an address from orders or DD Form 214 releases the ARNGUS member from active duty for training or initial active duty for training, send them to the appropriate State Adjutant General. If the member has departed on terminal leave but has not reached his or her actual separation date, send them to the servicing separation transfer point. If no information and no record are available, send a request for locator service, listing full name and sponsor's SSN, to the Commander, U.S. Army Enlisted Records and Evaluation Center, ATTN: PCRE-RP, 8899 East 56th Street, Indianapolis, IN 96249-5301, by mail, using the message format in figure 5-4, facsimile DSN 699-3685 or commercial (317) 542-3685, or Internet address daviss3@hoffman-emh1.army.mil. The Locator Service Office can be contacted by telephone at DSN 699-3684 or commercial (317) 542-3684, but locator information will not be provided telephonically. Hold the records or forms for the message response containing a disposition address. If the Locator Service Office cannot furnish a disposition address, send the records or forms to Department of the Army, Office of the Surgeon General, Washington, DC 20310-3107. Include a summary of the actions taken to locate the proper custodian of the records.

.(b) Rule 2. If the records or forms have a complete name and SSN on them and are Navy records or forms, send them to Naval Military Personnel Command, ATTN: NMPC-036, Navy Worldwide Locator Service, WASH DC 20370-5000.

.(c) Rule 3. If the records or forms have a complete name and SSN on them and are Marine Corps records or forms, send them to Commandant of the Marine Corps, HQ, U.S. Marine Corps, WASH DC 20380-0001.

.(d) Rule 4. If the records or forms have a complete name and SSN on them and are Air Force records or forms, send them to HQ, U.S. Air Force, ATTN: AFMPC/RMIQL, 550 C Street West, Suite 50, Randolph Air Force Base, TX 78150-6001.

.(e) Rule 5. If the records or forms have a complete name and SSN on them and are

PHS or Coast Guard commissioned corps records or forms, send them to Medical Branch, 5600 Fishers Lane, Parklawn Building, Room 4–35, Rockville, MD 20857–0435.

.f) Rule 6. If the records or forms have a complete name and SSN on them and are National Oceanic and Atmospheric Administration records or forms, send them to Commissioned Personnel Center, NOAA (ATTN: CP01), 11400 Rockville Pike, Room 108, Rockville, MD 20852–3004.

.e. Handling unidentifiable records and forms. An unidentifiable record or form is one that contains either no data or such a small amount of data that trying to identify the person to whom it belongs is impossible. (See para 3–7.)

5–29. Disposing of health records

a. Upon discharge, release from active duty, retirement, death, or transfer from USAR to ARNGUS, the member's HREC will be forwarded to the transition point. If the member is separating, the transition point will forward the HREC to the VA Records Center, P.O. Box 5020, St. Louis, MO 63115–8950. The transition point will forward HRECs to the VA Regional Office where the veteran is receiving care. ARNGUS HRECs will be disposed of, as are personnel files. (For officers and warrant officers, see NGR 640–100; for enlisted personnel, see NGR 600–200.)

b. If loose documents containing medical treatment information are found after the applicable record has been transferred to the VA Regional Office, contact the VA Records Center for guidance on how to retire these loose documents.